IOWA REAL ESTATE COMMISSION
200 E. GRAND, SUITE 350
DES MOINES, IOWA 50309
(515) 725-9022
www.plb.iowa.gov
realestatecommission@iowa.gov

APPLICATION FOR LICENSE STATUS AS A:

SOLE PROPRIETOR BROKER

The information you provide will be open for public inspection under Iowa Code section 22.11. This application form is for use by an Iowa licensed Broker who wishes to be licensed as a Sole Proprietor and must be prepared by the Broker. No fees are due unless you are also applying for a trade name. In compliance with the provisions of Chapter 543B, Code of Iowa, and in support of the application, I make the following statements:

1. **BROKER NAME**_____**LICENSE NUMBER**_____
2. **RESIDENCE ADDRESS**_____
3. **TRADE NAME** _____

   (See Rule 193E—10.1)
4. **BUSINESS ADDRESS**_____

   _____

   (City) (State) (Zip Code) (Telephone)
5. Pursuant to 193E—13.1(5) a Consent to Examine and Audit Trust Account form must be filed with the Iowa Real Estate Commission, or 13.1(5)(b) if funds are not expected an Affidavit must be on file. One of these trust account forms **MUST** accompany this application.
6. This application is for the purpose of a status change to Sole Proprietor of my Iowa Real Estate License and it is certified that there has not been any violation of the provisions of Chapter 543B, Code of Iowa or the license law of any state. **If you hold an active Iowa broker license it must be returned to this office for processing.**

The undersigned hereby promises and agrees in good faith to fully comply with the laws of Iowa, and the rules of the Real Estate Commission.

7. State of _____ **APPLICANT MUST SIGN AND**

   County of _____ **ACKNOWLEDGE THIS AFFIDAVIT**

I HEREBY CERTIFY that I have personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE_____

Subscribed and sworn before me this _____day of _____, 20_____.

Signature of Notary Public _____

If also applying for a tradename license: ☐ Tradename $50.00

☐ Payment enclosed - check or money order payable to: Iowa Real Estate Commission

☐ Please charge my ___ MasterCard ___ Visa ___ Discover (These are the only cards accepted.)

Credit Card Number: _____

Expiration date: _____ / _____

Name on credit card (please print) _____

Signature: _____

IOWA REAL ESTATE COMMISSION
200 E. Grand, Suite 350
Des Moines, Iowa 50309

TRUST ACCOUNT STATUS AFFIDAVIT

Iowa Real Estate Commission Administrative Rule 193E--13.1(5) states as follows:

"13.1(5)(a) If a broker does not expect to receive trust funds, the broker shall file an affidavit with the Commission on a form prescribed by and available from the Commission."

Administrative Rule 193E--13.1(5) further states:

"13.1(5)(b) If trust funds are received by the broker after filing an affidavit, the broker must immediately open a trust account and file the appropriate Consent to Examine and Audit Trust Account from with the Commission."

I HEREBY CERTIFY that as an Active Broker I do not expect to receive trust funds in the course of my business; therefore, I do not wish to maintain an open trust account. I understand a Consent to Examine form will be filed with the Commission at such time as a trust account is opened.

* * * * * * * * * * * *

_____
(Signature of Broker)

_____
(Broker License Number)

_____
(Print Name of Broker)

_____
(Current Business Address)

_____
(City) *(State)* *(Zip Code)*

Executed this ____ day of _____, 20 ____.

IOWA REAL ESTATE COMMISSION
200 E. Grand, Suite 350
Des Moines, Iowa 50309

CONSENT TO EXAMINE AND AUDIT TRUST ACCOUNT

_____
(NAME OF SOLE PROPRIETOR, PARTNERSHIP, OR CORPORATION FILING THIS FORM)

having filed an application for a real estate broker license or being a holder of a broker license in compliance with Chapter 543B.46, Code of Iowa, 1993, does register with the Iowa Real Estate Commission as the depository in which applicant now maintains a real estate trust account in which the broker shall deposit all down payments, earnest money, rentals, or other trust funds received by said broker, or the broker associate or salesperson of said broker, on behalf of their principals or any other persons pending the consummation or termination of the transaction. The account is carried with said depository under the following account name and number:

_____ _____ , Iowa
(NAME OF DEPOSITORY)* (CITY)

_____TRUST ACCOUNT**_____
(EXACT NAME OF ACCOUNT ACCORDING TO DEPOSITORY RECORDS) (ACCOUNT NUMBER

_____ does hereby covenant and agree to authorize
(NAME OF SOLE PROPRIETOR, PARTNERSHIP OR CORPORATION FILING THIS FORM)

_____to allow at any time any duly authorized representative (NAME OF DEPOSITORY)

of the Iowa Real Estate Commission to examine and audit the aforementioned trust account.

Executed at _____, _____ this _____ day of _____, 20_____.
(CITY) (STATE

This account is:

- ☐ Interest bearing with interest to be transferred to treasurer of state.
- ☐ Interest bearing with interest to buyer and/or seller or property owner by written agreement.
- ☐ Non-interest bearing property management account.

_____ _____
(SIGNATURE OF SOLE PROPRIETOR) (SIGNATURE OF LICENSED OFFICER OR PARTNER)

_____
(SIGNATURE OF LICENSED OFFICER OR PARTNER)

CERTIFICATION OF DEPOSITORY

The undersigned, a duly authorized official of said depository, on behalf of said depository, does hereby certify that the above applicant or licensee does maintain a real estate trust account as set forth above and agrees that said depository will allow a duly authorized representative of the Iowa Real Estate Commission to examine and audit the aforementioned real estate trust account upon demand.

Executed at _____, _____ this _____ day of _____, 20 ___
(CITY) (STATE)

(SEAL OF DEPOSITORY) _____
(NAME OF DEPOSITORY)

_____
(SIGNATURE AND TITLE OF DEPOSITORY OFFICER)

*TRUST ACCOUNT MUST BE IN A BANK, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK OR CREDIT UNION LOCATED IN IOWA
"TRUST ACCOUNT"** MUST BE PART OF THE TITLE OF THE ACCOUNT

The information you provide will be open for public inspection under Iowa Code